

INITIAL ASSESSMENT GUIDEBOOK

(9-28-05)

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SECTION I

CUSTOMER NEEDS AT INITIAL ASSESSMENT

The following list indicates the "key" customers during the initial assessment phase and their needs that will be considered in service delivery. The Department is not necessarily responsible to meet all needs; families, communities, and other agencies, etc., share in this responsibility.

CHILD NEEDS:

- Safety (freedom from maltreatment) and services to ensure safety;
- Intervention to stop maltreatment;
- Security and continuity in valued relationships, environments, and community;
- Treated with respect and dignity;
- Sensitivity to cultural needs;
- Speedy and clear decision-making;
- Confidentiality protections;
- Advocacy by the Department;
- Placement in most appropriate, least restrictive setting (relative, community, etc.) when needed;
- Participation in and clear understanding of the process to the extent possible; and
- Identify special needs.

FAMILY NEEDS:

- Timely intervention regarding harmful behaviors;
- Continuity in relationships;
- Treated with respect and dignity;
- Emergency services to help the family stay intact;
- Sensitivity to cultural needs;
- Advocacy by CPS;
- Speedy and clear decision-making;
- Confidentiality;
- Participation in and clear understanding of the process to the extent possible;
- Opportunities to make positive changes regarding their situation.

LAW ENFORCEMENT NEEDS:

- Full information regarding the situation;
- Assistance from CPS in interviewing the child when requested;
- Coordination of investigation according to protocols set out in Neb. Rev. Stat. 28-728 et. seq. (1992 Supp.).

COUNTY ATTORNEY NEEDS:

- Accurate assessment of ongoing risk;
- Thorough information to which testimony can be provided;
- CPS expertise on child and family needs;
- Full reciprocal information-sharing;
- Clear concise written reports.

GUARDIAN AD LITEM NEEDS:

- Full reciprocal information sharing regarding the child and family;
- Access to the child.

COURT NEEDS:

- Professional testimony;
- Required written information.

SERVICE PROVIDER NEEDS:

- Adequate information at time of opening services;
- Timely paperwork;
- Ongoing, open, honest communication including information about problem behaviors and family history;
- Notification of changes and closure;
- Clear understanding of CPS expectations;
- Clear time frames for service provision;
- Respect; and
- Acknowledgement and engagement as an active participant in case-planning.

DEPARTMENT SUPPORT STAFF NEEDS:

(Anyone other than protective service worker)

- Consultation with worker;
- Completed assessment and, if necessary, safety plan;
- Information entered on computer system and Initial Assessment documentation;
- Assurance that customer needs are met;
- Freedom to set priorities;
- Clear understanding of Department role;
- Information on community resources, and knowledge, skills and training in systems intervention; and
- Adequate equipment and tools.

NEEDS OF PROTECTIVE SERVICE WORKER IN ONGOING PHASE (WHERE APPLICABLE):

- Legible well-documented written case materials;
- Thorough risk assessment and safety plan;
- Cooperation and planning to facilitate case transfer; and
- Honest, open communication including mutual expectations.

NEEDS OF PROTECTIVE SERVICE WORKER DURING INITIAL ASSESSMENT PHASE:

- Ability to set priorities;
- Consultation;
- Clear understanding of Department role;
- Information on community resources;
- Knowledge, Skills, and Abilities;
- Training;
- Adequate tools and equipment;
- Cultural competency;
- Full communication with all customers;
- Authority to fulfill responsibilities for decision-making;
- Timely legal support and consultation;
- Cooperative law enforcement;
- Understanding of the role of other community agencies;
- Manageable workloads; and
- Commitment and support from the county attorney.

SECTION II

INITIAL ASSESSMENT OF CHILD ABUSE/NEGLECT/SEXUAL ABUSE ALLEGATIONS

The purposes of the initial assessment are to gather and analyze information in response to reports of suspected child abuse and neglect, to interpret the agency's role to children and families and to determine which families will benefit from further intervention.

After interviewing all parties and gathering all relevant information the CPS two final determinations will be made:

- Based upon the professional assessment, did Child Maltreatment occur?
- Is there risk or likelihood that maltreatment will occur in future?

If the worker determines that maltreatment occurred this is documented on the State's Central Register of Abuse and Neglect reports. The decision as to whether to offer services to a family is made based upon the assessed risk to the children and circumstances of the family.

Initial Assessment Decisions

A number of critical decision must be made at this stage of the Protection and Safety process:

- Is child maltreatment substantiated as defined by state statute?
- Is the child at risk of maltreatment, and what is the level of risk?
- Is the child safe, and if not, what type of agency or community response will ensure the child's safety?
- If the child's safety cannot be assured within the family, what type and level of care does the child need? Is the non-custodial parent or another relative an appropriate placement resource?
- Does the family have emergency needs that must be met?
- Should ongoing agency services be offered to the family?

OVERVIEW OF THE INITIAL ASSESSMENT PROCESS

To accomplish the purposes of initial assessment, the worker will:

- Coordinate their response with the law enforcement agency having jurisdiction;
- Use the protocol for interviewing the identified child, siblings, non-alleged maltreating parents, alleged maltreating parents;
- Observe the child, siblings, parents/caretakers, interaction between family members, home, neighborhood, and general climate of the environment;
- Gather information from any other sources who may have information about the alleged maltreatment or the risk and safety of the child; and
- Analyze the information gathered to make the critical decisions listed above.
- Consult with supervisor regarding decisions made.
- Document relevant information and key decisions.

CONDUCTING THE INITIAL ASSESSMENT

Before a worker makes any initial contact a careful review of the Intake and collateral information should occur to assess potential risk of harm to the worker. If there is a threat of violence to a worker, law enforcement should be contacted to assist with or conduct the assessment. If there appears to be a risk from communicable diseases or environment hazards, then the appropriate health and public safety authorities should be called to assist.

Once the initial assessment process has begun it should be completed as quickly as possible without compromising thoroughness. Once contact is made with a family about allegations of abuse or neglect, a crisis is created. The assessment should be completed in an orderly and expeditious manner so that accurate information is collected from and about the family and the crisis is not prolonged for the family. At times, engaging the family in services or working with other agencies in the child protection system, such as the county attorney, law enforcement or the courts will prolong the length of the Initial Assessment.

Protection and Safety staff will complete a risk assessment on reports of abuse and neglect by family or household members.

The Initial Assessment, Risk Rating, Risk Evaluation and Safety Plan are to document, organize, and analyze the information collected at this phase of the process.

The following is an outline of the procedure a protective service worker will need to follow to complete the Initial Assessment for child abuse and neglect allegations:

1- Coordinate response with law enforcement.

Since both law enforcement and HHS have statutory obligations pertaining to child abuse and neglect reports, it is necessary to contact and coordinate the response to the report.

- Contact the law enforcement agency having jurisdiction to determine who the assigned officer is.
- Contact the assigned law enforcement officer to plan and coordinate the response.

NOTE: Whenever law enforcement is going to be involved, no contact should be made with the child or family without first seeking the consent of law enforcement. Contacting a family without coordinating with law enforcement might compromise the criminal investigation. Safety of the children involved should be the first consideration when planning the case response and this should be discussed with the assigned officer.

- If law enforcement is taking no action, proceed with interviews.
- The worker should specifically request an officer be assigned in the following situations:
 - Criminal activity is alleged;
 - Threatening, assaultive, or otherwise high risk individuals need to be contacted;
 - The information suggests the need for a child to be placed in emergency protective custody.

2. Contact the reporting party if any clarification is needed on the information provided. Contact should also be made with anyone else who might have relevant information about the allegations and the family circumstances such as school personnel, probation officers, doctors, or others as indicated by the reporting party or Intake information.

3. Review prior information. Give specific attention to any prior case status determination of "unable to locate". Previous allegations that have not been addressed may warrant attention as part of the current intervention. Factors to consider in determining whether or not to do so may include:

- length of time elapsed between the interventions
- the severity of the past and present allegations
- the degree of similarity between the situations

4. Conduct interviews following HHS protocol.

The initial assessment of alleged maltreatment of children requires that HHS respond in an orderly, structured manner to gather sufficient information to determine if maltreatment took place and to assess the risk and safety of the child. The approach the worker uses must enable them to fulfill these responsibilities despite complex and explosive situations. Using a structured interview protocol ensures that all family members and other pertinent parties are involved and that information gathering is thorough; increases the accuracy in the nature of the information gathered; reduces denial and resistance; increases staff control over the process; improves the capacity of HHS staff to collaborate with other disciplines; and increases staff comfort and confidence in the initial assessment conclusions.

If at all possible, face to face interviews must be conducted in the following order:

- The identified child;
- Siblings and other children in the home;
- Adult caretakers who are not alleged to have maltreated the child;
- The person who allegedly maltreated the child; and
- The family as a whole.

NOTE: IF INTERVIEWS CANNOT BE CONDUCTED IN THIS ORDER, THE REASON MUST BE CLEARLY DOCUMENTED.

The interviews, if at all possible, should be conducted in an atmosphere which provides as much privacy and as little distraction as possible. Children in particular should be interviewed in a place where they will feel comfortable and safe.

If the family is together at the time of the interview (e.g., everyone is at home), the process must begin with an introduction to the parents to explain the purposes of the initial assessment and to explain the interview process and seek agreement for the interviews with all family members, beginning with the identified child or children.

All family members should be interviewed alone to establish a climate of trust and to increase the accuracy of the information gathered. One of the benefits of using the protocol is that it enables the worker to use information from one interview to assist in the next interview.

NOTE: The parent or custodian's permission is not needed to interview a child when the child is being contacted by a child protective service worker or a law enforcement officer in response to allegations that the child is the victim of child abuse or neglect by their parent or custodian. If the child is in the home of the parent or custodian, however, the parent's cooperation will obviously need to be gained in order to conduct the interviews with the children.

- a. Plan the interview process.

- Based upon the information gathered at intake and the involvement of law enforcement, each initial assessment should be planned and should consider:
- Where the interviews will take place;
- When the interviews will be conducted;
- Who will take the lead in the interview;
- How many interviews will likely be needed;
- How long each interview will likely last; and
- Whether other agencies or professionals should be notified to participate in the interviews (see community collaboration section).

b. Interview the identified child.

The purpose of the initial interview with the identified child is to gather information regarding the maltreatment and any risk of maltreatment and to assess the child's immediate safety. Because CPS' purpose goes beyond just finding out what happened, the focus should include gathering information about the child, the parents, and the family. The interview will need to be tailored to the child's developmental ability.

Examples of information that a worker needs to know are:

- What happened with respect to the alleged maltreatment, when and where it occurred, and who was present;
- The child's explanation of any injuries;
- The child's current condition;
- The type, severity, and chronicity of the maltreatment;
- The effects of maltreatment (e.g., extreme withdrawal, fear of maltreater, medical conditions);
- The identity of others who have information about the child's condition and the family situation;
- The child's characteristics (e.g., age, any physical or mental handicaps, illness);
- Unusual or inappropriate behaviors or feelings;
- Others who reside in the home;
- The child's relationship with and feelings toward the parents and siblings;
- The child's perception of the relationships among others in the household;
- The child's perception of how family problems are addressed;
- The child's relationship with peers, extended family and/or other significant persons;

- The child's daily routine (e.g., school, day care, clubs, home life, outside activities); and
- A description (observations) of the neighborhood, available resources, and the degree of crime or violence.

NOTE: Law enforcement may have conducted interviews with the child before the involvement of Protection and Safety Staff. During your interview, it is not necessary to readdress the question of maltreatment with the child, if the information documented by law enforcement is sufficient.

c. Interview siblings and other children in household.

Following the interview with the identified child, the next step in the protocol is to interview siblings. The purposes of these interviews are to determine if siblings have experienced maltreatment (the interview with the identified child may have provided leads to pursue in this area), to assess the siblings' level of vulnerability, to gather corroborating information about the nature and extent of any maltreatment of the identified child, and to gather further information about the family that may assist in the assessment of risk of maltreatment of the identified child and any siblings.

Examples of information that the worker should gather from siblings include:

- The siblings' characteristics, behaviors, and feelings;
- Information about alleged maltreatment;
- Maltreatment they have experienced and, if so, how, when, where, how often, by whom and for how long;
- Further information about the parents (e.g., feelings and behaviors frequently exhibited, problems, child rearing measures, and parents' relationships outside the home);
- Further information about the family's functioning, dynamics, demographics, and characteristics; and
- Information that could not be obtained from the identified child or confirmation of information gathered during the initial interview.

d. Interview the Non-maltreating Parent/Custodian.

When contacted, the parents/custodian should be told that CPS is involved because of suspicions of child maltreatment. The parents need to be told about the interviews with the children and what they can expect procedurally from the assessment.

The primary purposes of the interview with the non-maltreating parent is to find out what they know about the alleged maltreatment, to gather information to assess the risk of maltreatment, and to determine this parent's capacity to protect the child.

Examples of information that the worker should gather from the non-maltreating parent/custodian include:

- Description of the alleged maltreatment;
- Feelings regarding the maltreatment and about CPS;

- Acceptance of the child's version of what might have happened and who the caretaker deems is responsible;
- Capacity to protect the child (if indicated) and his/her opinion about the vulnerability of the child;
- Feelings, expectations, and perspective about the identified child and siblings;
- Description of the characteristics, feelings, and behaviors of the child;
- Approach to and view of parenting, methods of discipline, and relationship to the children;
- Relationship to the alleged maltreating caretaker/parent, roles in the family and overall family functioning, and levels of communication and affection;
- Approach to solving problems, ability to deal with stress, use of drugs/alcohol, and view of him or herself;
- History as a child (positive and negative memories), educational and employment history, any criminal activity, or history of physical or mental health problems;
- Relationships with others, membership in clubs, or activities;
- Demographics about the family, including financial status and other factors that may be stress producing; and
- View of supports in his/her life, relationships with extended family, and the climate of the neighborhood and community.

e. Interview the alleged maltreating parent/custodian.

The purposes of this interview are to evaluate the alleged maltreating caretaker's reaction to allegations of maltreatment to gather further information about this person and the family in relation to the risk and safety of the child and, if appropriate, gather information about the non-custodial parent and other family members who could be resources for placement or support.

Examples of information that the worker should gather are:

- How he/she describes what happened in relation to any alleged maltreatment;
- His/her response to the incident(s) and to CPS;
- His/her present emotional state, particularly in terms of the possibility of further harm to the child;
- His/her view of the child and the child's characteristics and condition;
- His/her relationship with the children and others in the family;
- His/her approach to parenting, expectations, and sensitivity to children;
- His/her description of the roles and functioning in the family, methods of communication, and level of affection;

- His/her approach to solving problems, dealing with stress, using drugs or alcohol, view of self, and coping;
- His/her history as a child and an adult, including any physical or mental health problems, criminal history, etc.;
- His/her relationships outside the home, supports, activities, and affiliations;
- His/her description of demographics about family, including financial status and other factors that may be stress producing;
- His/her access to the child; and
- His/her willingness to accept help (if indicated).

f. Close interviews with family.

Following the completion of the interviews, the worker should reconvene the parents or family as appropriate to:

- Share with them a summary of the findings and impressions.
- Discuss safety, any issues identified and options that would control for safety of the child(ren).
- Seek individual responses concerning perceptions and feelings.
- Indicate interest in the family and provide information about the next steps, including whether services will be recommended and whether court intervention might need to occur.
- Show appreciation for their participation in the process.

5. Observe individual and family circumstances and functioning.

Part of the process of gathering adequate information includes the worker's responsibility to observe the identified child, siblings, parents, family and environment.

Specific areas for observation are:

- The physical condition of the child, including any observable effects of maltreatment;
- The emotional status of the child(ren), including mannerisms, signs of fears, and developmental status;
- The reactions of the parents to the agency's concerns;
- The emotional and behavioral status of the parents during the interviewing process, levels of denial and resistance, and use of defense mechanisms;
- Interactions between the family members, including verbal and facial expressions and body language;
- The possible presence of domestic violence in the form of control and fear in the relationship through the use of violence and other forms of abuse;

- The physical status of the home, including cleanliness, structure, hazards or dangerous living conditions, signs of excessive alcohol use, or use of illegal drugs; and;
- The climate of the neighborhood, including level of violence and support, and accessibility of transportation, telephones, or other methods of communication.

6. Gather relevant information from other sources.

Others may have information that will help in understanding the nature and extent of the alleged maltreatment and in assessing the risk and safety of the child(ren).

To protect the family's right to confidentiality, interviews or contacts with others should not be initiated without good cause. In some cases, however, the family may disclose others who may have information about the alleged maltreatment or about the family in general. In these instances, contacts will need to be pursued if information is needed to make a determination of whether maltreatment has occurred or to assess safety and risk to the child(ren).

According to the Child Welfare League of America's Standards for Service for Abused or Neglected Children and Their Families "other potential sources of information include, but are not limited to professionals such as teachers, law enforcement officers, and physicians. Other community agencies, institutions, caretakers, or individuals known to the child and the family, such as relatives and neighbors, may also be consulted".

The necessity of such contacts should be discussed with the family and the family should be told of the contacts made. The worker should be careful not to disclose confidential information about the family when talking to other sources.

7. Analyze Information for Decision Making

Having a structure to help guide the analysis of the information gathered is as important as having a structured protocol for gathering information. Decisions should be made in a timely manner to minimize the anxiety created for families during the assessment process.

a. Assess for Risk of Maltreatment:

This risk assessment helps the worker analyze the information in a systematic manner and assists in guiding decision-making. While there is no absolute way to predict future maltreatment, research, and practical experience in the field of CPS has established the significance of the presence of "risk influences" to the probability of maltreatment and the need for intervention. The risk influences are documented through completion of the initial assessment and risk ratings. The worker's analysis of the following enable the worker to determine a risk rating and evaluate what the agency's intervention with the family should be:

- How extensive are the negative risk influences. How long the negative influences have existed;
- Whether the parents recognize, acknowledge and understand the negative risk; and
- The extent to which the negative influences are controlled.

If the worker determines, based upon credible information (such as, law enforcement report, interview with the child, information from a physician) that the allegations are unfounded, it is necessary to complete an initial assessment to determine risk. After completing the first 7 elements of the initial assessment tool (maltreatment, nature, vulnerability, child functioning, adult functioning, and parenting) the assessment may be stopped if all four of the following

apply: 1) Maltreatment and nature is rated at 0; 2) No other element except for vulnerability is rated greater than 1; 3) No independent safety influences were documented AND 4) No more than one dependent safety influence was documented. If the above do not apply, an initial assessment must be completed and scored, and a safety plan developed. All relevant information should be documented on both the abbreviated and complete initial assessment.

NOTE: The rating of risk and the need to open a case for services is made separately from the case status determination. There could be a finding of inconclusive on a case with a low risk rating and no need for any service provision. Conversely, there could be a finding of unfounded on a case with high risk where there is a need for service provision.

b. Assess for Child Safety:

Safety refers to the present security and well-being of a child. The safety Plan and Risk Evaluation are used to document and evaluate child safety. The worker is evaluating child safety throughout the gathering of information on the family and making decisions about emergency intervention services.

The worker has a responsibility to assess child safety from the moment the initial assessment is begun. Collecting and analyzing the information to determine the safety of the child is a critical function. If the child is not safe, then the worker will need to determine how the child can be safe and then mobilize the resources necessary to achieve safety. The plan for safety of the child will need to control for safety of the child through Family Assessment and sometimes beyond. The plan for safety is a short-term response strictly for the purposes of keeping a child safe and is not intended to take the place of longer term treatment planning.

- The following criteria should be used to evaluate child safety:

How controllable the child or family situation is;

Whether the child's safety is an immediate concern; and

How severe the maltreatment or its results might be.

NOTE: The worker should consider the necessity of a medical exam to help evaluate the extent of maltreatment and any immediate treatment needs.

NOTE: Domestic violence is the establishment of control and fear in a relationship through the use of violence and other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation and maltreatment of the children to control the other person. Relationships involving domestic violence may differ in terms of the severity of abuse, but control is the primary goal of all offenders (Massachusetts Department of Social Services 1993).

The primary focus of NDHHS intervention in domestic violence cases is the ongoing assessment of the risk and safety posed to children by the presence of domestic violence. The preferred way to protect children in most domestic violence cases is to join with the non-offending parent in safety planning and to hold offenders accountable.

State statute allows a worker to obtain a court order to place a child out of the home if the child is in "imminent danger" and services in the home will not relieve the danger.

- Examples of situations that indicate that a child may be in imminent danger include:
- Children who have been abandoned and have no caretaker;

- Children living with parents who are incapacitated due to physical or mental conditions.
- Parent clearly expresses hatred for the child and openly indicates their likelihood of abusing the child again or who has repeatedly inflicted severe and bizarre punishments; or
- The parent refuses to protect the child from harm from another person.

If the worker believes a child is in imminent danger and requires out of home placement and the parent will not voluntarily consent to placement, then the worker will need to contact the county attorney or law enforcement or both to initiate emergency removal of the child from the care of the parent.

To determine imminent danger, the worker should first assess what behaviors or conditions are creating danger for the child and then determine the most effective response to reduce the danger to the child. (This is done through use of the Risk Evaluation and Safety Plan format which documents the safety assessment). Unsafe conditions will not necessarily mean placement is indicated. Services short of placement should first be considered for controlling dangerous conditions. For example, if the perpetrator of the abuse has been arrested and will be out of the home for a specific time then the concern for the safety of the child is controlled. The least intrusive methods of controlling for safety need to be utilized. The worker should also consider the appropriateness of using concurrent planning (See Case Management Guidebook).

A major provision of the Adoption and Safe Families Act of 1997 is that child welfare agencies are required to make "reasonable efforts" to enable children to remain safely at home before they are placed in foster care. A number of different types of services should be considered to keep families intact before placement of a child. Such services include but may not be limited to: respite care, in home family support, day care, family shelter, in-home health care, emergency medical care, family crisis counseling.

In most situations, the child will likely not be in imminent danger, although there may still be concern for the child's safety. Services to control for the child's safety and to assist to prevent the child's removal from the home should be provided if unsafe conditions are identified and documented by the worker. The worker should then determine what services are available and appropriate to meet the needs identified, keeping in mind the least intrusive measures required to control for safety. The parent's agreement with the identified safety services should be sought.

If the parents refuse to or are unable to cooperate in using the services identified as necessary to support child safety, then the worker will need to consider contacting the county attorney to request emergency court intervention to secure the identified safety services.

C. Make a Case Status Determination:

In most cases, a case status determination (finding) on the allegations of abuse or neglect should be made within 30 days after contact has been made with the family. Based upon the information gathered the Protective Service Worker makes a determination whether maltreatment occurred. The decision is whether there is a preponderance of evidence that physical abuse, sexual abuse, neglect or emotional maltreatment has occurred as defined in state statute.

NOTE: The definition of "preponderance of evidence" is as follows: Preponderance of the evidence means that an event is more likely to have occurred than not by the greater weight of the evidence. The evidence needs to be credible and well documented.

NOTE: If an incident of child maltreatment has been determined to have occurred, by a preponderance of evidence, the case should not be considered unfounded. A finding of either inconclusive, court substantiated, or Court Pending, should be made and entered on the Central Register.

NOTE: ALL perpetrators of Abuse/Neglect of children will be entered on Central Register whether or not HHS has been directly involved in the case. In referrals involving non related or non caretaker perpetrators, the law enforcement report may be sufficient to make the case status determination.

THE FOLLOWING CASE STATUS DETERMINATIONS ARE AVAILABLE TO THE PS WORKER:

- **Court Substantiated.** Means that a District Court, County Court, or Separate Juvenile Court has entered a judgment of guilty on a criminal complaint, indictment, or information, or an adjudication of jurisdiction on a juvenile petition under section 43-247(3)(a), and the judgment or adjudication relates or pertains to the same subject matter as the report of abuse or neglect. The court, the docket and page number should be noted in the case record.

This finding cannot be based on adjudication of dependency, status offense or juvenile offense. Citations, tickets, arrests before court adjudication are not included in this category.

If a court dismisses a case, it may still be entered on Central Register as inconclusive if the case manager has documentation in the case record that indicates by a preponderance of the evidence that the maltreatment has occurred.

- **Court Pending-** means that a criminal complaint, indictment, or information or a juvenile petition under section 43-247(3)(a), **HAS BEEN FILED** in District Court, County Court, or Separate Juvenile Court, and that the allegations of the complaint, indictment, information, or juvenile petition relate or pertain to the same subject matter as the report of abuse or neglect.

This finding may only be entered after the worker receives notification from the prosecuting attorney that a petition, information, or criminal charge has been filed with the court..

This is a temporary finding which requires updating once a court decision is made.

If a court dismisses a case, it may still be entered on the Central Register as inconclusive if the case manager has documentation in the case record that indicates by a preponderance of evidence that the maltreatment has occurred.

- **Inconclusive-** means that the evidence indicates that more likely than not (preponderance) child abuse or neglect occurred and court adjudication does not occur.

Examples:

- The parent or party responsible has admitted or acknowledged the child abuse/neglect.
- There is evidence from qualified professionals that child abuse or neglect has occurred. Examples of such evidence may be medical diagnosis of inorganic failure to thrive or sexually transmitted disease, observations of public health nurses, observations and diagnosis of psychologists or reports from law enforcement.
- There is evidence from the worker's assessment of maltreatment. This evidence may come from a child's statement as to the existence of abuse or neglect, from interviews with parents or other family members worker observations in the home and the family, or information from credible witnesses such as friends or neighbors of the family.
- There is an incident where a state statute has been violated as in "left unattended in a motor vehicle if such child is six years of age or younger".
- In situations, where a court dismisses a case and the Protection and Safety worker has clear documentation in the case record, which indicates, by a preponderance of the evidence, that the maltreatment has occurred.
- **Unable to Locate.** Subjects of the maltreatment report have not been located after a good faith effort on the part of the Department.

A good faith effort has been made when all reasonable methods to locate the parties of interest have been utilized. The case manager will consult with the supervisor before determining no other efforts are needed. The efforts and the consultation will be documented in the case record.

- **Unfounded.** All reports not classified as court substantiated, Court Pending, inconclusive or unable to locate will be classified as unfounded.

NOTE: A risk assessment needs to be completed on reports classified as unfounded.

8. NOTIFICATION LETTER TO SUBJECT OF REPORT

Upon Completion of an assessment, the Department must provide the subject of the report with written notice sent by Certified Mail of the determination of the case. Every person whose name is being entered on the Central Register must be notified separately. The notice must be sent by restricted delivery (for all other than unfounded), return receipt requested to the subject's last known address and must include:

- The nature of the report.
- The classification of the report.
- Notification of the subject's right to a hearing and an appeal.

In situations where there are multiple allegations in one report where some are substantiated and some are determined to be unfounded, notification should only pertain to the substantiated allegation.

In situation where the perpetrator is a minor, said notice letter needs to be sent to the subject's parent and/or legal guardian as well as the minor.

If the subject of the report cannot be located, document such, including any notice that is received back from the Post Office as unclaimed or refused.

Notice of the case status determination and the Department's response should be shared with the family and members of the local investigation team established under LB 1184.

9. GUIDELINES FOR DECIDING TO OPEN AN ONGOING PROTECTIVE SERVICE CASE

Part of the analysis of information and decision making is whether the worker should arrange continuing services. This decision will be influenced by the nature of the maltreatment, continuing risk of maltreatment to the child, the safety of the child, and the willingness or lack of willingness on the part of the family to be involved in services.

- The worker determines from the Initial Assessment, Risk Ratings, Risk Evaluation and Safety Plan that risk of continued child maltreatment is moderate to high or there are continuing safety issues.
- The worker determines that the family is in need of protective services through the Department to address the identified problems. Service through the community alone will not adequately assure child safety or address the issues related to risk of future maltreatment. If the worker and family agree that services can be provided on a voluntary basis, then protective service can be provided without a court order. The case will then be transferred for Family Assessment. (The same protective service worker may conduct both the Initial Assessment and the Family Assessment.)
- The worker determines from the Initial Assessment that there is continued moderate to high risk of child maltreatment or there are continuing child safety issues. The worker also determines that the family is in need of ongoing protective service case management through the Department and the family is unwilling to work with the Department. In such instances, the worker should make a written request to the county attorney for a filing of a petition seeking a court order for services.
- The worker determines there is continued moderate to high risk of child maltreatment or there are continuing child safety issues. The family is willing to work with the Department but the family problems are of such a nature or magnitude as to require a court order for services.

In some cases such as cases of incest, cases with serious physical injury to a child, or cases of high risk for harm with parents with a history of poor follow-through on services, court ordered services are necessary to support the safety of the child despite the parent's verbalization of a willingness to accept services. In these cases, the worker should make a written request to the county attorney to pursue court jurisdiction and order for services.

10. ACTIONS TO BE COMPLETED AT END OF INITIAL ASSESSMENT

- Intake, initial assessment, risk evaluation, and safety plan have been completed on the N-Focus application.
- A valid finding is designated into the N-Focus application.
- If the child was in out-of-home placement, the placement of a child into a relative home, or unlicensed home are completed by the initial assessment worker and are documented.
- Documentation of the approval study for placement of a child into the home of a relative or a family known to the child are completed by the initial assessment worker and are placed in the case file.
- All relevant information collected during the assessment is documented within the N-Focus application.
- All relevant reports pertaining to the assessment will be placed in the case file (i.e., psychological, law enforcement report, medical reports).
- Consultation with supervisor has occurred and has been documented on the N-Focus application.

For additional information refer to Case Management Guidebook:

Federal Parent Locator Service
Family Group Conferencing
Expedited Family Group Conferencing

COMMUNITY COLLABORATION

While CPS has the primary responsibility for conducting the initial assessment, other agencies or professionals have a role in assisting with the Initial Assessment. For example:

- Law enforcement has the authority and statutory obligation to investigate reports of suspected child abuse and neglect for possible criminal violations. A recommended protocol for law enforcement's investigation of child abuse and neglect has been released by the Commission on the Protection of Children.
- Medical personnel may be involved in assessing and responding to medical needs by documenting the nature and extent of maltreatment.
- Mental health professionals may be involved in assessing the effects of maltreatment and may help to determine the validity of specific allegations.
- Teachers may be involved in providing direct information about the effects of maltreatment and in describing information pertinent to the risk assessment.
- Domestic violence advocates may be involved in helping HHS to join with nonaffending parents in safety planning and in holding offenders accountable.
- Community providers such as intensive home-based service workers, parent aides, day care providers, foster parents, volunteers, domestic violence staff, or relatives may provide information and be used to help implement a plan to keep the child safe within their home.
- When the child's safety cannot be protected or risk cannot be reduced over the long term, the juvenile court may be needed to be involved to hear the facts of the case and determine whether the Department has a basis for involvement with the family.

The worker should coordinate efforts and collaborate with other professionals and agencies as necessary and appropriate to accurately assess child safety and risk of maltreatment and to secure necessary safety services.

SECTION III

ASSESSMENT OF CHILD MALTREATMENT IN OUT-OF-HOME CARE SETTINGS

This Section is divided into two parts. Part I contains common concerns, issues and activities generally encountered during the assessment of child maltreatment in out-of-home care settings which the PS Worker will need to be knowledgeable about during the assessment of child maltreatment in any out-of-home care situation.

Part II of this Section contains specific protocols which are intended to serve as guides for conducting the assessment. As the type of setting sometimes indicates a slightly different approach or technique, separate protocols have been identified according to the type of care setting. The protocols identified are:

- Assessment of Child Maltreatment in Day Care Homes or Centers (Now being referred to as Child Care Homes or Centers)
- Assessment of Child Maltreatment in a Foster Home
- Assessment of Child Maltreatment in a Group Home or Residential Child Caring Facility

PART I

Discussion of General Issues

Allegations Assessed by CPS

The Department is responsible to conduct assessments of allegations of child maltreatment by caregivers in child care homes, foster homes, child care centers, child caring facilities such as group homes and other residential care facilities where there is responsibility to provide for and to oversee the custodial care of children.

Allegations of maltreatment of children perpetrated by teachers, school personnel, counselors, therapists, doctors, nurses, and others not performing or overseeing the custodial care of children will not be assessed by the Department. Allegations of maltreatment of children by persons who are not caregivers should be referred to law enforcement for investigation. In these instances law enforcement may request assistance in interviewing children from the Department. In these instances, the Department's role will be to assist law enforcement as requested.

Only reports meeting the definition of child abuse and neglect as defined in policy and as described in Guidebook for Intake on Allegations of Child Abuse and Neglect (page 4-7) will be assessed by a PS Worker. Reports involving violations of licensing standards that do not meet the definition of child maltreatment should be referred to and investigated by licensing staff and local resource development staff.

If the incident is reported as abuse by a child care provider or by a staff person in a facility then the matter will be handled as a child abuse report. If the incident is reported to be abuse of a child by another child in care then law enforcement will focus on the incident in its self as an assault while CPS will focus the assessment to determine if there was neglect on the part of the caregiver or facility due to lack of supervision, insufficient staff or other concerns.

Role of CPS

The role of CPS in the assessment of child maltreatment by caregivers in child care homes, child care centers, foster homes or residential care facilities is to:

1. Determine if child maltreatment has occurred;
2. Assess the safety of children in care;
3. Recommend action and follow through to assure child safety; and
4. Assess the cause of problems and make recommendations to reduce the risk of reoccurrence of maltreatment.

Allegations of child abuse and neglect in child caring homes or child care facilities should be assessed as quickly as possible and should be completed as quickly as possible without compromising thoroughness. These types of assessments require complex coordination between several entities within the Department as well as coordination with law enforcement and often involve interviewing a large number of children, their parents, and other. As a result these assessments often require a longer and more intense time commitment on the part of the Initial Assessment worker than other types of assessments.

Because of the number of children who are involved who may be a risk of maltreatment, the level of anxiety created for children, parents and providers and the gravity of the decisions to be made, these assessments should be initiated and completed in the most expeditious and orderly manner possible. In most cases the worker should strive to complete the assessment within 30 days. If circumstances prevent completing an assessment within 30 days, these circumstances should be clearly documented in the case record.

Role of Licensing

In cases of licensed child care homes or facilities, a licensing review will occur each time a concern of child maltreatment is received. The role of the licensing division is to collect information to determine if any violations of the child care license were violated and to make decisions regarding what action, if any, should be taken on the license. The primary role of licensing is to insure that the home, facility and provider meet established standards for the safe care of children.

If a home or facility is not licensed, then the Department's licensing division will not usually be involved in the assessment. Licensing should be notified of allegations of maltreatment in out-of-home care settings, however, as the provider may be required to have a license even when they do not have a current license.

Role of Law Enforcement

Law enforcement is notified of all reports of child maltreatment at Intake. Law enforcement may become involved in the investigation of the report. Law enforcement will be primarily concerned with the collection of and preservation of evidence for possible court action and on any need for an arrest of a perpetrator.

If the PS worker believes that law enforcement should be involved in conducting an investigation of allegations made and law enforcement has declined to be involved, then the worker should contact the appropriate county attorney to request assistance. The county attorney is responsible for coordinating the operation of the investigation teams mandated in state statute 28-730(LB1184). The worker should involve the Department legal counsel in consultation about further action if necessary.

If law enforcement declines to become involved in conducting an investigation, then the PS worker should proceed with conducting the assessment in coordination with the licensing specialist.

Coordination of CPS/Law Enforcement/Licensing

Teamwork, communication, and cooperation between the parties involved in the assessment and investigation of allegations of child maltreatment is essential for successful intervention. Each professional needs to understand the role of the other and to know when to involve one another. This will only occur through deliberate communication and strategic planning with one another prior to any contact on the case and throughout the duration of the assessment.

The PS Worker, the law enforcement officer and the licensing specialist should cooperate to jointly investigate the allegations whenever possible. The roles of each are different, but a joint approach which is planned and strategized together in advance will assure a more successful outcome. Such a planned and integrated approach will assist by reducing duplication of efforts and will minimize confusion and trauma experienced by children and individuals by reducing the number of interviews and contacts.

If interviews cannot be conducted jointly with licensing, then the law enforcement and CPS assessment should occur before licensing makes contact with the provider.

There should be a full reciprocal sharing of information gathered in the assessment between licensing, CPS and law enforcement so that decisions can be made that represent the best interests of children.

Coordination with Caseworkers of Children in Placement

In the interest of objectivity and as a matter of policy, the assessment of allegations of child maltreatment in foster homes or group homes are conducted by a PS worker who is not the placement worker for the child(ren) in care. The placement worker will need to be involved in providing information about the child, be involved in decisions about placement of the child and to support the child and family through the crisis.

Coordination with Staff Responsible for Resource Development

PS staff assigned to assess allegation of child maltreatment in foster homes will need to involve the staff that are responsible for mobilization, assessment and support of foster families. These staff members should be notified in order to prevent placements of additional children during the investigation, to be put on notice of the possible need for another placement resource, to provide past and current information about the family, and to be ready to provide support to the family as appropriate.

Documenting the Case Record

Assessment of child maltreatment that occurs in out-of-home settings should be conducted in much the same way as other investigations/assessments, using good social worker practice and interviewing skills. The Child At Risk Field assessment tool will not be used to document information or as a means of assessing risk and safety for children as the children are not being abused in the context of care of their parents and family.

In assessments of child maltreatment for children in out of home care settings, information is collected following established protocol (see pages 9 - 17) and should be recorded in the case file in an orderly and understandable format. The worker will need to maintain clear documentation of his/her activities and information collected, and decisions made. The worker will need to write reports, provide support for findings and may need to provide testimony about his/her activities and findings.

At times testimony will come several years after the assessment and the records will need to be clear enough to provide accurate testimony about the assessment by parties who may not have been directly involved in the assessment.

Notification of Parents of Children

When conducting an assessment of alleged neglect, physical abuse or sexual abuse of a child, who is not a ward of the Department, in a child care home or facility, it is the Department's policy that the PS Worker assigned to conduct the assessment will make all reasonable efforts to contact the parent or legal guardian prior to the interview with the child. If the attempts to contact the parent or legal guardian are unsuccessful and there is reason to believe that interviewing the child is necessary to protect the child or other children, then the worker should interview the child(ren) without parental consent. The worker should then contact the parent or legal guardian as soon as possible following the interview with the child to inform them that allegations of maltreatment are being assessed and their child has been interviewed.

The policy of the Department is to involve parents in decision-making about children and to advise them about conditions which affect their child's care and well being. While, the Department does not legally need to obtain the consent of the parent of a child who is a ward of the Department prior to interviewing the child, parents of wards in care will be advised about the allegations and the interview of their child as soon as is reasonable and based upon the input of the case manager and those members of the team involved in the investigation and assessment of the maltreatment allegations. If there is reason to believe that informing a parent prior to the interview would compromise the investigation, then the parent may not be informed until after the child has been interviewed. This decision on notice will be made by the team carrying out the assessment.

Release of Information to Parents

If parents or legal guardians are to make reasonable decisions about the care of their children, the Department will need to share information that will support reasonable decision-making. The worker should be careful not to share any more information than is necessary in order to preserve the confidentiality of those involved, but enough to allow parents to make informed decisions about their children's care.

The following information should be provided to parents or legal guardians of children alleged to have been maltreated in a child caring home or facility:

1. That a report alleging neglect, physical abuse or sexual abuse has been received along with information on the specific nature of the maltreatment;
2. That the Department is conducting an assessment of the allegations;
3. Any protective or corrective measures taken during and following the assessment, such as the removal/suspension of staff in question, increased staff supervision, etc.
4. The case status determination and recommendations made to assist in protecting the child from future maltreatment in the facility.

If the allegations are of a serious or life threatening nature and the initial interviews indicate that there may be reasonable cause for concern, then the worker will need to inform the parents or custodians or other children in the care facility who were not alleged to have been maltreated. Under these circumstances, the following information should be provided to the parents or custodians of other children in care not alleged to be maltreated:

1. That an allegation of allegations of a serious or life-threatening nature were made (no specific information about the allegation can be provided);
2. That an investigation is being conducted; and
3. The case status determination made when the investigation is complete. No specific information about the results of the investigation can be provided unless a criminal charge has been filed and is public information.

Confidentiality

The PS Worker should be concerned with preserving confidentiality of any persons involved in an assessment of child abuse and neglect allegations. However, when assessing maltreatment and risk of maltreatment of children in care out of their home, the Department's primary concern is with the protection and safety of children in care. Contacts with people having information about the type of care children receive is critical to gathering information necessary to assess risk and safety of children. To preserve confidentiality of those involved, contacts should not be made without cause, but if the PS Worker conducting the assessment determines that another party may have information necessary to make an assessment of risk and safety of children, then those parties will need to be contacted.

When contacting others who are not a part of the facility or home being investigated, the worker should tell them only that the Department is looking into allegations that a child or children may have been maltreated. The worker should inform others that the Department is charged by law to investigate incidents which might be related to child maltreatment but that wrongdoing will not necessarily be found.

Others who provide information should be made aware that if they have information relevant to a finding of abuse or neglect, their testimony at a hearing may be necessary. They should also be advised that Nebraska Statute Section 28-716 grants immunity from liability to any person participating in an investigation of abuse or neglect who is acting in good faith.

The identity of the person making a report of suspected child abuse or neglect is protected under Nebraska Statute and the worker must never disclose the name of the reporting party, except to law enforcement, the county attorney or by court order.

Removal of Department Wards from Care

Decisions regarding removal of a ward from a foster home, group home or residential facility should be made with careful consideration and with the involvement of the ward's worker, resource developmental placement staff and with consultation from the workers' supervisory support staff. Of primary importance is the safety of the child. Also important, but secondary to safety issues are the attachment of the ward and the trauma involved with a disrupted placement.

The following should serve as guidelines for the removal of wards of the Department from their placement setting.

1. Consider immediate removal of a ward of the Department if there are allegations or findings which indicate:
 - a. Sexual abuse and the perpetrator has continuing access;
 - b. Visible or apparent physical signs of maltreatment; or
 - c. The maltreatment is or could be life threatening.
2. Give serious consideration to removal if a Department ward wants to move or the foster care facility request the child be moved;
3. Consider removal of other wards who are not the subjects of maltreatment based upon the allegations and circumstances.

Case Status Determination

A finding as to whether the Department has reasonable cause to believe that child abuse or neglect or sexual abuse occurred will be made on each report. This finding will be entered into the case record and onto the Central Registry.

In addition, a determination about risk to all children in care will need to be made. The worker may determine that risk of maltreatment to children exists based upon caregiver practices or conditions in the home or facility where an incident of actual child maltreatment has not occurred. In these instances the worker should make recommendations about changes in practice or conditions in the facility or home which would reduce the risk or likelihood of maltreatment occurring in the future.

Once these determinations are made the worker should share the findings with the alleged maltreater, child care provider, facility director as well as the licensing specialist, county attorney, resource development specialist and all workers of children in placement, and with the parents of children in placement who were involved.

Department Decision-Making

Ultimately the Department needs to make four distinct decisions following the assessment of allegations of maltreatment. They are:

1. Outcome of the CPS Assessment. Did maltreatment occur? - Made by the CPS Assessment Worker.
2. What action should occur in regard to the license? - Made by the licensing staff.
3. What changes, if any, should be made in the placement of the child in care? - Made by the child's case managers.
4. What changes, if any, should be made in the conditions or type of future placements made into the home/facility? (e.g., less children, do not place children with behavioral problems, etc.)
Made by Resource

Development Staff in Consultation with Others

The decision regarding whether to substantiate the allegations should be made separately from placement decisions and decisions regarding the license for care. However, since the decisions regarding the substantiation of a report and the information gathered during the assessment/investigation are pertinent to the other decisions that need to be made, the full exchange of information is essential to quality decision-making.

PART II

PROTOCOL FOR THE ASSESSMENT OF CHILD MALTREATMENT IN OUT-OF-HOME CARE

The following protocols are contained in this section:

- A. Protocol for Assessment of Allegations of Child Maltreatment in Child Care Homes and Centers
- B. Protocol for Assessment of Allegations of Child Maltreatment in a Foster Home
- C. Protocol for Assessment of Allegations of Child Maltreatment in Group Homes or Residential Child Caring Facility

A. PROTOCOL FOR ASSESSMENT OF ALLEGATIONS OF CHILD MALTREATMENT IN DAY CARE HOMES AND CENTERS

The following is the preferred order of action for PS workers conducting assessments of allegations of child maltreatment in child care homes or centers. Depending on emergency conditions or unusual circumstances, (unavailability of reporter, lack of access to child victim, refusal of alleged maltreater to cooperate, etc.) it may be necessary to deviate accordingly from the established protocol. If this is necessary, the worker should document the conditions that made this necessary.

1. Contact the law enforcement agency having jurisdiction to determine if they will be responding. Coordinate action and develop a plan for contacts.
2. Determine if the home or center is licensed or contracts with the Department. Coordinate action and plan response with licensing specialist.
3. Notify caseworkers for any state wards known to be in care about the allegations and the assessment in progress.
4. Review background information including CPS, licensing, and social service files. Review of these files may provide the names of other children cared for by the home or center.
5. Contact the reporting party to confirm details.

The reporting party will often be the parent of the identified child victim. It will be helpful to determine the following:

- how they learned of the maltreatment;
- what they were told and what they observed;
- how their child came to be at the facility;
- how long and during what periods of time the child is there;
- other concerns;
- other children in care and their parents;
- names of family members or center staff;
- other potential victims and witnesses.

If the reporting party is a parent, the worker should encourage the parent to make other child care arrangements pending the outcome of the assessment/investigation. The worker should explain the responsibilities of CPS, law enforcement and licensing and possible outcomes.

6. Interview the child(ren) involved as coordinated with law enforcement and licensing staff. Determine:
 - what happened from the child's perspective;
 - whether the child has any injuries. If there are injuries the worker should request that law enforcement take photographs and the child receive a medical exam (permission of parent or legal guardian is necessary for the exam unless law enforcement orders and arranges).
 - who the child identifies as responsible;
 - when the incidents occurred to the best of the child's recollection;
 - what was said or done;
 - who was present;
 - where were absent family members, other children or staff;
 - how many times the incidents occurred and over what period of time;
 - what made the incidents stop;

- other concerns or fears the child has; and
 - who the child told.
7. Interview any witnesses to the incident, both children and adults. Contact other collateral's that may have information about the incident including but not limited to, doctors, school personnel, therapists and neighbors.

Many times it will not be possible to contact other witnesses without getting information from the alleged perpetrator as to who these people are and how to make contact with them.

8. Interview the alleged maltreater. If law enforcement is investigating, then the first contact with the alleged maltreater should be by or with law enforcement.

Determine from the maltreater:

- What happened from their perspective and who was responsible;
 - As much information about the circumstances of the incident as possible;
 - If there have been similar concerns about their actions in the past;
 - A list of other children in the home or facility, including parents names, addresses, home and work numbers.
9. Contact the parents of other children in care. They should be told that the Department is looking into allegations of child maltreatment and the nature of the maltreatment (i.e. neglect, abuse, or sexual abuse). They should be asked about any concerns they have about the care provided.
 10. Determine whether child abuse, neglect or sexual abuse occurred based upon the information collected and documented and based upon consultation with others involved in the assessment and the worker's supervisor.
 11. Determine whether risk of future maltreatment remains and identify the factors which leave the child at risk.
 12. Prepare a report summarizing the assessment and findings along with recommendations for changes in care practices and share with licensing, law enforcement, the county attorney, resource development and other Department staff as appropriate.
 13. Provide closure with the provider or facility involved. A letter summarizing the assessment and informing of the Central Registry entry should be sent to the provider or facility director. The letter should include any recommendations for change in practice that would reduce the likelihood of recurrence of the problem.
 14. Meet with the facility director or provider if requested to discuss the outcome of the assessment.
 15. Enter a finding should be entered into Central Registry.
 16. Document all information in the case file and the foster care file and store the case file at the local office. The worker will need to testify requested at any licensing, expungement or criminal legal hearing from the case file.

B. PROTOCOL FOR THE ASSESSMENT OF CHILD MALTREATMENT IN A FOSTER HOME

The following protocol outlines the action for PS workers conducting assessments of allegations of child maltreatment in foster homes. Depending upon emergency conditions or unusual circumstances, (unavailability of reporter, lack of access to child victim, refusal of alleged maltreater to cooperate, etc.) it may be necessary to deviate accordingly from the established protocol. If this is necessary, the worker should document the conditions that made this necessary.

1. Contact the law enforcement agency having jurisdiction to determine if they will be responding to the report. Coordinate efforts and develop a plan for contacts.
2. Determine if the home is licensed or approved by the Department. If the home is licensed, coordinate and plan the response with the licensing specialist.
3. Notify caseworkers for any children in care and compile a listing of wards previously in care in the home, dates and current locations. Gather pertinent information from the caseworkers about the children involved in the report and currently in placement.
4. Plan for how and when the parents of children in placement will be informed of the allegations and assessment.
5. Review the Resource Development file and home study, review licensing files and any prior CPS assessments.
6. Contact the reporting party to confirm details. Determine what they were told and what they observed. Obtain names, addresses and phone numbers of other potential witnesses.
7. Interview child(ren) involved as coordinated with law enforcement and licensing staff. Determine:
 - what happened from the child's perspective;
 - whether the child has any injuries. If there are injuries the worker should request that law enforcement take photographs and the child receive a medical exam. (If the child is a ward, the Department can obtain medical services. If the child is not a ward then permission of the parent or legal guardian is necessary for the exam unless law enforcement orders and arranges the exam);
 - who the child identifies as responsible;
 - when the incidents occurred to the best of the child's recollection;
 - what was said or done;
 - who was present;
 - where were absent family members or other children;
 - how many times the incidents occurred and over what period of time;
 - what made the incidents stop;
 - who the child told;
 - other concerns or fears the child has; and
 - what would make the child feel safe.
8. Interview any witnesses or anyone the child identifies as being present during the incidents or anyone the child told.

9. Interview other children in the home.

Determine:

- what they know about the alleged incidents;
 - if they have been victimized or have concerns;
 - how household/family members relate to one another;
 - what happens when they "get in trouble";
 - attitude toward the child(ren) identified as victims; and
 - if problems are identified, what they think needs to happen to resolve them.
10. Interview others who are involved with the family who have information about the incidents or who have knowledge of the children and family, such as family support workers, therapists, doctors, school personnel.
11. Interview the foster parent who is not alleged to be involved in the maltreatment.

Determine:

- what they know about the alleged incidents and their perspective of what happened;
 - who was present;
 - as much information about the circumstances of the incident as possible;
 - any problems they identify as having with the identified victim(s) and other children in their care;
 - discipline needed by the child and discipline used with child;
 - general caretaker-child relationship;
 - how they view the children in care;
 - relationship with partner/spouse;
 - similar concerns about actions in the past;
 - general family functioning;
 - supportive relationships;
 - if acknowledging a problem exists, what they think needs to occur to correct problems and insure that the incidents will not occur in the future.
12. Interview the alleged perpetrator as coordinated with law enforcement. If law enforcement is involved, then the first contact with the alleged maltreater should be by or with law enforcement.

Determine from the alleged maltreater:

- what happened from their perspective and who was responsible;
- as much information about the circumstances of the incident as possible;
- if there have been similar concerns about their actions in the past;
- how they view the children in their care, particularly the identified victim(s);
- any problems they identify as having with the alleged victim or other children in care;
- discipline needed by child and discipline used with child;
- general caretaker-child relationship;
- marital relationship;
- general family functioning including how affection is shown;
- parenting practices used - with bio children and with foster children;
- supportive relationships; and
- if acknowledging responsibility, what they are willing to do to correct the problems and to insure the incidents will not occur in the future.

13. Make observations of the foster parents, children and home. Note the condition of the home, where the incidents occurred, the general demeanor and behavior of the foster parents and children in the home.
14. Discuss the findings with workers with children in placement and with the licensing specialist and resource development/support staff. If maltreatment is believed to have occurred, determine whether the children should be moved or how they could remain safely in care.
15. Determine whether abuse, neglect or sexual abuse occurred based upon the information collected and documented. (See Case Status Determination section of Guidebook for Initial Assessment of Child Abuse and Neglect Allegations, page 13 for specific directions on case findings).
16. Determine whether risk of future maltreatment remains and identify factors which contribute to this risk.
17. Provide closure with the foster parents and children. A letter summarizing the assessment and informing the foster parent of the Central Registry entry should be sent to the foster parents. Any recommendations for changes in care practices or supportive services that can be offered that would reduce the likelihood of reoccurrence of the behavior should be included in the letter.
18. Prepare a report summarizing the assessment and findings along with recommendations for changes in care practices and share with licensing, law enforcement, the county attorney, resource development and other Department staff as appropriate.
19. Meet with the foster family, parents of children involved, and other Department staff as requested to discuss the outcome of the assessment.
20. Enter a finding into Central Registry.
21. Document all information in the case file and store the case file at the local office. The worker will need to testify as requested at any licensing, expungement or criminal legal hearings.

C. PROTOCOL FOR THE ASSESSMENT OF CHILD MALTREATMENT IN GROUP HOMES AND CHILD CARING RESIDENTIAL FACILITIES

The following is the preferred order of action for PS workers conducting assessments of allegations of child maltreatment in a group home or residential child care facility. Depending upon emergency conditions or unusual circumstances (unavailability of reporter, lack of access to child victim, refusal of the alleged maltreater to cooperate, etc.) it may be necessary to deviate accordingly from the established protocol. If this is necessary, the worker should document the conditions that made this necessary.

1. Contact the law enforcement agency having jurisdiction to determine if they will be responding to the allegations. Coordinate and develop a plan for contacts.
2. Determine if the facility is licensed or contracts with the Department. Coordinate response with the licensing specialist handling the licensing matters.
3. Review background information including any prior CPS contacts, the contract and the licensing file information. Gather the names of children currently in placement at the facility.
4. Notify caseworkers for children in care at the facility and gather background information on the children alleged to be involved.
5. Contact the reporting party to confirm details. Determine what they were told or observed and gather the names, addresses and phone numbers of any other potential witnesses or sources of information.
6. Notify the director of the group home that allegations have been received and that an investigation is occurring. If law enforcement is involved this should be done following consultation with and approval from the involved law enforcement officer.

Arrange with the director of the group home to conduct the planned interviews and arrange to view and copy pertinent facility records and documentation pertinent to the care of the children in placement. These records may include, but not be limited to, incident reports, staff schedules, documentation logs, and staff training records.

7. Interview the child(ren) alleged to have been victimized as planned with law enforcement and licensing staff. Determine:
 - what happened from the child's perspective;
 - whether the child has any injuries. If there are injuries the worker should request that law enforcement take photographs and the child should receive a medical examination (if the child is a ward the Department can secure medical treatment, otherwise parent or guardian permission is necessary unless a law enforcement officer orders and arranges the exam);
 - who the child identifies as responsible;
 - when the incidents occurred to the best of the child's recollection;
 - what was said or done;
 - who was present;
 - where were absent staff or other children;
 - how many times the incidents occurred and over what period of time;
 - what made the incidents stop;
 - other concerns or fears the child has;
 - who the child told;
 - what would make the child feel safe;
 - what the child wants to happen;

8. Interview any witnesses to the incident, both children and adults and anyone the child told.
9. Interview other children in the facility.
10. Contact others who might have information about the incidents or general manner of care at the facility
 - other staff members, particularly those on duty at the time of the incidents, therapists, school personnel, family support workers, caseworkers, former staff if indicated, etc.;
 - what they know about the alleged incidents and their perspective what happened;
 - who was present;
 - any problems they identify as having with the identified victim(s) and other children in care at the facility;
 - general care practices of involved staff;
 - facility's policy and practice in care of children;
 - staffing schedules;
 - prior incidents of similar concerns;
11. Interview the alleged maltreater. If law enforcement is involved, any contact with the maltreater should be arranged with and approved by law enforcement so that any criminal investigation is not jeopardized.

Determine from the alleged maltreater:

- what happened from their perspective and who was responsible;
 - as much information about the circumstances of the incident as possible;
 - if there have been similar concerns about their actions in the past;
 - how they view the children in their care, particularly the identified victim(s);
 - any problems they identify as having with the alleged victim or other children in care;
 - discipline need by child and discipline used with child;
 - general caretaker-child relationship;
 - alleged maltreater's relationship with others;
 - general coping mechanisms/skills;
 - if acknowledging responsibility, what they are willing to do to correct the problems and to insure that the incidents will not occur in the future;
12. Make observations of the condition and general layout of the residence. note the general demeanor and behavior of staff and children in the home.
 13. Discuss the findings with workers of children in placement and with the licensing specialist and resource development/support staff. If maltreatment is believed to have occurred, determine whether the children should be moved or how the children could remain safely in care.
 14. Determine whether abuse, neglect or sexual abuse occurred based upon the information collected and documented (See Case Status Determination of Initial Assessment of Child Abuse and Neglect Guidebook, page 13 for specific directions and further guidance).
 15. Determine whether risk of future maltreatment remains and identify factors which contribute to this risk.

16. Provide closure with the facility staff and children involved. A letter summarizing the assessment and informing of the Central Registry entry should be sent to the director of the facility. Any recommendations for changes in care practices or supportive services that can be offered that would reduce the likelihood of reoccurrence of the behavior should be included in the letter.
17. Prepare a report summarizing the assessment and findings along with recommendations for changes in care practices and share with licensing law enforcement, the county attorney, resource development staff and other Department staff as appropriate.
18. Meet with the facility director and other Department staff as requested to discuss the outcome of the assessment.
19. Enter the appropriate case status finding onto Central Registry.
20. Document all information in the case file and store the case file at the local office. The worker will need to testify as requested at the licensing, expungement or criminal court hearings.

SECTION IV

INITIAL ASSESSMENT FOR FAMILIES WITH CHILDREN WHO MAY BE DEPENDENT OR ADJUDICATED STATUS OFFENDERS

When a case has reached Initial Assessment, the worker will know that a decision was made at Intake that the family needed further assessment. At this point, status offenders will have a court adjudication as status offender and there will be an order for Department involvement. Families with Dependent children will either have a court order adjudicating a dependency or there will have been a decision at Intake that, based upon the guidelines set out, the family is in need of some short term assistance and there are no allegations of child abuse and neglect. (See Guidebooks for Intake for more explicit information)

Purpose

The purpose of the Initial Assessment of children who are adjudicated to be status offenders or who have been identified as Dependent children is three-fold:

1. Review the family situation to determine whether a Dependency or Status Offense case exists as defined in Chapter 1, Section V of Department Policy.
2. Identify resources to assist the family to meet their needs.
3. Determine that all reasonable attempts to secure services for the family outside of the Department have been exhausted (to support the philosophy of least intrusive service delivery).

The Initial Assessment is designed to determine the appropriateness of service through the Department. Department involvement should be the alternative for service only if family members or community based resources are inappropriate or unavailable.

The Initial Assessment should be initiated within 7 days of the receipt of the Intake and should be completed within 30 days. There may be extenuating circumstances, which prevent the assessment from being completed within thirty days. If so, those circumstances should be documented by the worker. The family should be informed of the anticipated time for completion of the assessment.

If the Initial Assessment reveals that services through the Department are appropriate, then a full Family Assessment is conducted with the family to reach agreement on goals and a plan for services that will assist the family to achieve the identified goals.

Overview of Initial Assessment Procedures

The worker performs the following activities to complete the Initial Assessment phase. The family information and the worker's assessment are documented on the Status Offender/Dependency Initial Assessment Form* (see Forms Section).

*This form was developed by an Ad Hoc committee formed from the result of the CARF Task Force. The committee was opened to any workers/staff statewide who wanted to be involved. This form is the result of the work of this group. The tool is designed to assist the worker to keep the Initial Assessment focused upon the critical issues and decisions to be made at this point.

1. Review the court order if there is one, along with any information collected at Intake.
2. Interview the child, parents, siblings and other relevant family members.

3. Gather information from any other sources who may have information about the presenting problems and history of the family, including the family's prior cooperation with and use of other resources.
4. Document and analyze the information gathered as provided for in the Initial Assessment of Family's with Status Offender or Dependent Children form.
5. Determine the appropriate role and response of the Department and make recommendations for use of alternative family assistance resources if the Department does not need to remain involved with the family.
6. If a court adjudication has occurred, determine if the adjudication will enable the family to be served appropriately. If not, recommend legal action that will best support appropriate services to the family, e.g., A child has serious, violent assaultive behavior that present danger to the family and others in the community. The worker should consider recommending that the county attorney pursue an adjudication of the child under a delinquency filing so that appropriate services which will assist the child and protect the public can be provided.

NOTE: If child abuse or neglect is identified at any time during the Initial Assessment, then an Initial Assessment for Risk of Maltreatment will need to be conducted as described in the Guidebook for Initial Assessment of Allegations of Child Abuse/Neglect/Sexual Abuse.

Conducting the Initial Assessment

1. Review background information on the family, including:
 - Information collected at Intake;
 - Prior CPS records and history of involvement;
 - Prior or current DSS support services involvement (i.e., food stamps, Medicaid waiver, ADC, Ribicoff, Medicaid, etc).
2. Interview the child, parents, siblings and other relevant family or household members.

When conducting interviews with family members, gathering information about the family functioning from collaterals, and when analyzing the information, it is important to consider the following:

- a. What each identify as conditions contributing to the presenting problem, including:
 - Description of the presenting problem;
 - How long the problem has existed, how often it occurs and how long the problem is expected to last;
 - Who is involved;
 - Where and when the problem occurs or exists;
 - Previous attempts of individuals and family to resolve the problem;
 - Extended family involvement and other family members attempts to assist in resolving the problem.

b. Each person's identification of the family's past use of services. By asking the following types of questions, the worker will be better able to determine the families past of use of services:

- What services has the family used in an effort to address the presenting problem (i.e. length of time, frequency, focus of the service, what the family expected to get out of the service)?
- What benefits the family received from the service?
- What other services in the community or within the Department might benefit the family?
- Are there other family members or friends who have been involved who have who have supported the family in dealing with their problems?
- If problems are related to family's lack of money or insurance, what public assistance programs has the family applied for and received assistance from?

NOTE: If the family is in need of financial assistance to pay for services, they should be referred to the appropriate public assistance programs.

3. Gather information from any other sources who may have information about the presenting problems and the history of the family. These contacts should include persons with relevant information about the family and might involve school personnel, extended family, clergymen, counselors or therapists, doctors, probation officers, etc. The worker should ask for the parent's signature on a Consent to Release Information form so this information can be obtained. The worker should explain to the family that this information is necessary to complete the assessment.

The following information will be helpful to consider during this assessment:

- view of family functioning, including strengths and weaknesses
- how parents view the child(ren)
- primary discipline used
- how members of family relate to each other
- family and individual's method of coping
- family's history of cooperation with helping efforts
- has child abuse or neglect been identified?

4. The Worker should carefully analyze the information collected. In each case the worker will need to determine if there are any safety issues in the family. The following questions should be considered to examine safety:

- is the child a danger to her or himself?
- is the family a danger to the safety of the child?
- is the behavior of the child a danger to others in the community? (e.g., risk of continued sexual perpetration, violent acting out)
- is the behavior of the child or parent a physical threat to the protective service worker or others?
- what would be required to provide for the personal safety of those identified to be a risk of harm?
- does the Department have the services necessary to provide for safety of the child or others?

During the Analysis phase it is important to weigh the available information to determine the following:

- a. Options the parent has explored with the non-custodial parent, relatives, or other family members to provide for or assist in the care of the child.
 - b. Any previous or current use of community resources to assist the family in care of the child(ren).
 - c. Other DSS programs available that the family might be eligible for which would be appropriate to address the identified problems (i.e. Medicaid, Ribicoff, child care, family support assistance).
 - d. Other resources in the community available to the child and family.
 - e. The parent's motivation for seeking this level of intervention. What do the parents ultimately want to happen with their child? What do they want their involvement with the child to be?
 - f. For children currently in placement, the parents' understanding of and willingness to reassume care of their child(ren) or their commitment to working to provide for permanence for their child.
 - g. The parents' financial responsibility and ability to pay for services. This should be fully explored, including the parent's insurance coverage or their ability to purchase a policy for coverage. The worker should begin by assuming the parents will pay the full cost of care and negotiate from this base.
 - h. Consideration of the child's and family's needs to determine whether DSS can access services to meet their needs.
5. Based upon the analysis of information gathered, the worker will need to determine the appropriate involvement of the Department with the family.

Following a thorough gathering and analysis of the information, the worker will need to determine the appropriate response of the Department which will best assist the family to deal either with the child's behavior or the presenting problem which prevents them from properly caring for the child. The response of the Department should be the least intrusive method which supports the most appropriate level of service necessary to meet the identified needs of the family.

The worker should keep in mind that the Department's role with families with children identified by the courts as Status Offenders is to assist the parents to more appropriately and effectively deal with the child's behavior's and that our role is NOT to become responsible for or to change the child's behavior (although this may be a goal the family identifies to work toward).

There are five alternatives available to the worker and family following Initial Assessment:

- a. The worker determines that there is no need for further intervention services. The family is able to use their own resources to address the presenting problem. The worker recommends to the family and the court that the Department's involvement with the family end. If no court is involved, the worker should close the case following discussion and closure with the family.

- b. The worker determines that there is a need for further service which can be provided through a community agency or other Department service program and the family is willing to engage in the service. After discussion with the family, the worker recommends to the Court that the Department's involvement with the family end with the family using community service supports.
- c. The worker determines the children will be without care for good reason (e.g., parent is going to inpatient treatment, hospitalization or short term incarceration and there are no alternatives for care). These might involve cases of Dependent children where no court is involved. In these cases, the worker may determine that ongoing protective services are required to address the presenting problem identified in the initial assessment and the family is willing to engage voluntarily in CPS services. In these instances the case should be transferred to ongoing services (which may be provided by the worker who conducted the initial assessment), further assessment and case-plan development. (A voluntary service case should never be opened as a means of providing inpatient psychiatric or residential treatment for a child), e.g., The worker determines that the children will be without care for good reason as the parent is going into inpatient treatment, requires hospitalization, or short term incarceration and no appropriate alternatives for care of the children exist. The parent will resume care of the child within a short period of time and the placement will not exceed 6 months.
- d. The worker determines that ongoing protective services are required to address the presenting problems and that this level of service cannot be accessed by the family in the community. The family is willing to engage in the services and actively participate. The case should be transferred for further assessment, case plan development and ongoing service provision. The worker completing the initial assessment completes the Initial Assessment report informing the court of Department action.
- e. The worker determines that ongoing protective services are required to resolve presenting problems identified in the initial assessment and the family is unwilling to engage in the services identified as necessary or the parents refuse to participate in services, identifying only the child as the problem. In court cases the protective service worker should request that the court relieve the Department of responsibility in the case if the parents are refusing to participate in services identified as necessary.

NOTE: It is the policy of the Department that parents of children adjudicated as status offenders must be willing to engage in services with the Department. If the parents are unwilling to actively participate in services with the Department, then the worker should request that the court relieve the Department of responsibility in the case. (Page 5, Chapter 5 of Ongoing Services).

In cases which an out of home placement of a Dependent child is expected to exceed 6 months, and the court is not involved in the case, the protective service worker will need to request that the county attorney file a petition alleging dependency with the appropriate court. (See Guidebook for Court and Legal Processes).

- 6. For cases which come to the Department as a result of a court order, the initial assessment worker will need to include in the assessment an analysis as to whether the child has been adjudicated in a manner that will allow the family to be served appropriately.

For those cases which come to the Department through a court order for service the worker should make one of three basic decisions and act accordingly:

- a. The adjudication is appropriate and services through DSS are necessary. A brief written report should be prepared for the court and the family referred for full family assessment.

- b. The court adjudication is inadequate to allow for appropriate service provisions, a request for further court action should be made (e.g., a child has been adjudicated a status offender but there is ongoing abuse or neglect in the home; a child has been adjudicated as a status offender, but has sexually assaulted others and continues to present a risk to others in the family or the community; a child has serious violent behavior that presents a safety risk to others in the family or the community and would be best served through the Department of Corrections; a child who is being abused in the family home has been adjudicated a Dependent child).

To request further court action the following information should be forwarded to the county attorney:

- legal references including the case name, court docket and page number;
- summary of information gathered during the assessment;
- Description of family's current situation;
- The problems identified with serving family under present adjudication;
- Facts supporting the need to file an additional petition;
- The specific filing requested along with action that will best serve the child and family.

If the county attorney does not respond to the request, the worker should contact the Legal Service Child Welfare Unit to pursue the needed court action.

- c. The family is not in need of the level of service provided by DSS and services exist in the community to meet the family's needs that have not been engaged. A written report should be prepared by the worker and submitted to the court with recommendations that the parents and family utilize the identified services available to them and that the Department be relieved of responsibility in the case.

It may be that legal support will be necessary for the worker at this point. If the worker anticipates that the court or attorney's involved will not be receptive to the worker's recommendations the worker should contact the Child Welfare Legal Division as for representation of the Department's position in court and with the other involved attorneys.

(See Guidebook for Court and Legal Processes for further direction.)

For all court involved status offender or dependency cases which the Department will be providing services on, the form "Responsibilities of Family and the Department" should be completed with the family (see forms section). This form documents that the expectations and responsibilities of the parents and family along with the responsibilities of the Department have been explained and agreed upon.

For non-court involved Dependency cases, the parents and Department's responsibilities are discussed and documented on the Voluntary Placement Agreement Form DSS-0857. (See Voluntary Placement section of Out of Home Placement for additional information).

APPENDIX

TRAINING NEEDS FOR INITIAL ASSESSMENT

Initial assessments should be completed only by protective service workers with specialized training and experience in:

- Interviewing;
- Teamwork;
- Legal issues related to children;
- Child growth and development;
- Information-gathering;
- Risk assessment;
- Crisis intervention;
- Community resources;
- Information and referral;
- Family systems, and
- Cultural sensitivity.

Support staff (anyone who is not a Protective Service worker) providing intervention at a systems level during initial assessment should have specialized training and experience in:

- Developing and leading teams;
- Coordinating and integrating services;
- Developing community resources;
- Public education;
- Assessing service needs;
- Planning;
- Evaluating;
- Managing purchased services (grants and contracts);
- Legal issues;
- Total Quality Management;
- Cultural sensitivity, and
- Dynamics of child abuse and neglect and family functioning.

FORMS

Initial Assessment Worksheet and Instructions
Status Offense Initial Assessment and Instructions

Nebraska Department of Health and Human Services
Responsibilities of Family and Department

PPC-3
(6/13/00)